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Nutrition and WIC Update

Enhancing Kansas Nutrition Services

Me Testify at a Hearing?

It Could Happen: Lessons Learned

Patrice Thomsen, WIC Program Consultant

Do you feel secure in your anthropometric assessment skills? Are you confident of the completeness of your documentation? Are you confident enough to testify in a child custody hearing before a judge and attorneys who know relatively nothing about growth charts and growth patterns?

This was the situation faced by some Kansas WIC staff the past few months. We would like to use this newsletter as an opportunity to share some 'lessons learned" as reported by LA staff. Real names and location are not identified because of the sensitive nature of this ongoing case. Since it was a closed court session, the staff who testified were not exactly sure of the lawyers' broad arguments, only the specific questions asked of them. It seemed that much of the case for custody was being based on weight change. Lessons learned are marked by a ♦.

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Prior to any court involvement, the WIC staff were quite familiar with "Nick." He often was reluctant to be weighed and measured. The WIC staff knew the importance of appropriate procedures. Sometimes they were forced to weigh Nick in his mother's arms, then weigh his mother separately. When the WIC records were subpoenaed, they were very glad these circumstances were clearly documented.

♦ Document each time special problems or circumstances occur during weighing and measuring. The SA recommendations for weighing children allow either underwear only or light clothing. While all the LA staff who measured Nick used appropriate technique, they realized there was inconsistency among the staff whether Nick was measured in underwear only or light clothing.

♦ Have a LA policy whether children will always be measured in underwear or light clothing. (And if infants are measured nude, or in a dry diaper with the scale zeroed using a similar diaper.) Document exceptions due to special circumstances.

Prior to the hearing, Nick was weighed very often at the Health Department. He was weighed so often that the front table of the growth chart was full, so staff started a second growth chart. This made it difficult to assess the growth pattern curve over time.

♦ If the growth chart's front page table becomes filled, staff will tape a lined sheet beneath the printed table and continue to use that same growth chart. Of course this assumes that the child's age and measurement method haven't changed so the older child chart should be used.

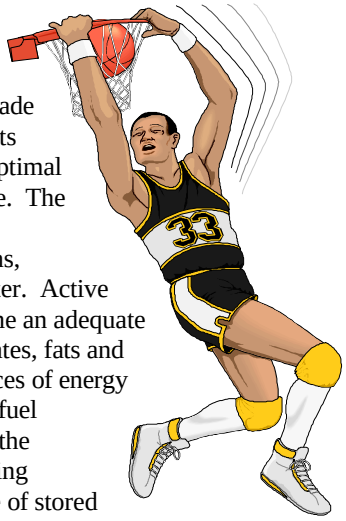
(Continued on page 2)

Foods, Fluids Important for Young Athletes

Sandy Perkins, Maternal and Child Nutrition Consultant

"I know what I should eat. I just don't do it."

Most teens, including young athletes, say that they need to eat more and healthier meals. Yet busy schedules, peer pressure, and body dissatisfaction lead to frequently skipping meals, snacking on junk food, low calorie dieting and experimenting with dietary supplements.

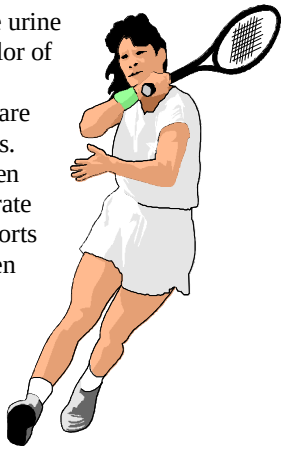


Food is more than bulk to stop hunger. It can be considered a fuel made up of six important nutrients essential for maintaining optimal health and top performance. The six types of nutrients are carbohydrates, fats, proteins, vitamins, minerals and water. Active individuals need to consume an adequate energy intake. Carbohydrates, fats and proteins are the main sources of energy (calories). Carbohydrates fuel muscles and brain and are the primary energy source during exercise. Fats are a source of stored energy that is used primarily during low-level activity, such as reading and sleeping. Protein is essential for building and repairing muscles, red blood cells, hair, and other tissues. Protein is a also source of calories and can be used for energy if inadequate carbohydrates are available.

Variety is the key to a "balanced" diet. There is no one perfect food or supplement that can supply all the nutrients a body needs for top performance. The best way for young athletes to get the right balance of those nutrients is to eat a variety of foods that are high in carbohydrate and low in fat. No particular advantage is conveyed to performance by higher intakes of carbohydrates or lower intakes of fat. The daily game plan for a balanced diet includes the types and amounts of foods listed in the Food Guide Pyramid. Once the nutrition basics are met, foods high in added sugars and fats can be included in a balanced diet to help meet energy needs.

Fluid Replacement

Water is very important to those performing physical activity. Inadequate fluid consumption during exercise can cause immediate and serious health risk, including death. During training and competition, fluid lost through sweat evaporation can lead to dehydration, especially in warm climates. It is important to encourage athletes to drink fluids before, during, and after practice and competition. Thirst is not a good indicator of dehydration. Fluid intake needs to be closely monitored. Drinking 8 to 10 ounces every 15 to 20 minutes of exercise seems appropriate. When fluid levels are adequate, the urine will be pale yellow in color; the color of freshly squeezed lemon juice.



Water, juice and sports drinks are all good choices for replacing fluids. During endurance exercise it is often necessary to supplement carbohydrate stores in addition to fluid. Most sports beverages routinely contain between 50-100 g/L carbohydrate. Many fluid replacement drinks also contain small amounts of salt. The addition of a little salt may help replace the salt lost in sweat. However, large amounts may hinder gastric emptying. Potassium supplements are not needed because little is lost in sweat and these supplements are considered dangerous.

Testify *(Continued)*

When asked to testify in court, the judge and lawyers knew little about WIC or growth charts. The LA staff had to explain about both. Another major question was "Why might there be differences between weights taken at different offices within the span of just two weeks?"

- Be well informed and prepared to discuss what the growth chart really represents. Also be prepared to explain possible sources of error between measurements by the same person and possible differences between measurements taken in different offices.

As a result of this experience, WIC staff in this LA are being extra careful to always:

- Plot precisely and avoid sloppy "big" dots.
- Double check plotting.
- Make (and document) referrals to the primary care provider and others, as appropriate.

Resource Note: The Anthropometric Self-Instructional Module is a good review for individuals. Other useful resources about anthropometry and children's growth can be borrowed from the SA. See the "Audio-Visual Summary Guide, WIC-CSFP Training Library" list in the Resource Manual of your PPM. Most of these resources are a video and/or training manual that could be used as an inservice.

Question and Answer

Q Why is there such a significant difference in the new

Minimum Stock Level Requirements compared with the previous Stock Level Guidelines?

A The stock level changes were made primarily due to complaints from the smaller stores that the stock levels requested were too high based on the WIC customer volume. Understanding that there is a significant differ-ence in the number of WIC voucher redemptions in urban and rural areas, the stock levels have been adjusted to reflect both the frontier/rural and urban designations.

You will note that the current stock levels are Requirements and not Guidelines. These stock levels are such that any vendor must be able to meet at least these minimum standards in order to remain a WIC vendor. In the frontier/rural counties, the store must be able to provide the number of WIC items on any one voucher for one participant. In the urban counties, a store must be able to fill one month's vouchers for one participant.

Each store has the flexibility then to maintain stock levels that fit their WIC customer needs. It will be necessary for almost every store to carry higher stock levels to adequately meet the demand for WIC foods. If the customer base allows for a wider variety of cheese and juice selections, we would encourage vendors to do so.

Q How should income from a farm be figured if the farm business showed a loss? Should we use the negative number to figure the family's income?

A Figuring self employed income, whether from a farm or other business is not as easy as determining income from pay stubs. You must use information from the tax form to complete the verification. If the income tax return shows that the business had a loss (or negative income), you must count it as "0" and then add any other income/assets the family may have to the amount. Do not use a negative number and then add any other income to determine the household total.

Vendor Issues:
Annual Vendor Contract Renewals

Marcia Schemmel, Vendor Management Consultant

The time to renew vendor contracts for the coming year is just around the corner. The annual review is very important because it allows us at the state and local agency levels to assess both the new WIC vendor applicants and current vendors and determine which stores will best serve the needs of WIC participants in the various counties for the coming year. Input from the local agencies is very important to speak to the needs of each com-munity. The new vendor selection criteria process should help provide the structure to guide some very challenging decisions.

The When, Where, and What of Healthy Snacks

Sandy Perkins, Maternal and Child Nutrition Consultant

Snacking is a way of life for children. Snacks are an important part of a child's daily food intake and should be taken just as seriously as meals. Snacks for toddlers and young children should be controlled by the caregiver. The caregiver should decide when, where and what the snack will be.

The caregiver should decide **when** the snack will be eaten. Children have high energy needs and small stomachs, and as a consequence need to eat every two or three hours. Snacks should be spaced far enough before meals so they are hungry at the meal and long enough after meals so children know they might get hungry if they refuse to eat the meal. This should help prevent the pattern of refusing to eat what was prepared for the meal and almost immediately begging for other foods. Some caregivers resort to this tactic in their anxiety to get their children to eat and end up feeding almost on demand. This pattern is most common with children who are gaining weight slowly or growing less rapidly than average. The concerned caregiver wants to get the child to eat more and gives in to the child's food demands. This can actually decrease total calorie intake and impair nutrient intake.

The caregiver should decide **where** the snack will be eaten. Snacks should be planned at appropriate eating locations. Snacks do not have to be served at the table, but children should not be allowed to wander around while eating. Think twice about serving snacks in front of the television, a computer or other distracting locations. This can lead to the mindless eating and consumption of excessive foods and calories.

The caregiver should decide **what** the snack will be. A snack is not a food handout. Giving children a cookie to amuse or calm teaches that strong feelings are not to be tolerated or dealt with, and that eating can be used as a panacea. A good way to plan snacks is to use the Food Guide Pyramid. A snack that is filling should include some starch, some protein and some fat. The starch can be found in the grain, fruit or vegetable groups and provides the bulk. The meat and dairy groups contain protein and fat. Protein and fats help the snack last until the next meal. The *Nutritious Snacks that Children Will Like* pamphlet available on the WIC order form provides some good snack ideas.

Setting Up an Ongoing Outreach Program

Pat Dunavan, Nutrition Education Specialist

Outreach is a process. With some thoughtful planning you can build a successful program. But as the WIC staff person assigned to work on outreach, you will find that the reality of outreach is a challenge. Getting people interested in your program enough to come to the clinic takes a great deal of work. Keeping people on the program is also an ongoing difficulty. But do not give up hope. There are tools to help you establish a successful outreach campaign.

In upcoming newsletters, we will focus on one or more aspects of outreach. This article will focus on beginning the assessment process.

The first step in any new outreach effort is to assess the need in your agency. Sit down and think about your "year in WIC." Are there times when more people seem to apply for the program? Is there an obvious reason why they come at that time? Are there certain times of the year when staff are not able to sustain an outreach effort? Why? What do you see as the barriers to participation in WIC in your local area? What are the barriers that participants express to staying on WIC?

After answering these questions, think about what resources are available in your agency and community. Remember every referral source WIC uses is a contact point for outreach. Below are listed just a few of the common referral sources which you may want to work with for future program outreach:

Immunizations
Family Planning
Maternal & Infant Program (M&I)
Healthy Start Home Visitor
Infant-Toddler Services
Local Physicians
Child Health/Kan Be Healthy Providers
Head Start
Schools–elementary, high school, vocational, college, trade
Day Care Centers
Extension Department
Food Banks
Substance Abuse Treatment or Prevention Centers
Shelters
Culturally Specific Organizations
Churches
Farmer's Co-op
Volunteer Organizations
Professional Organizations
Community Organizations
Nurses/Midwives
Lactation Consultants
Hospitals
Managed Care Organizations
Local Businesses
Local Radio and TV Stations
Transportation Services
Local Celebrities
Local Foundations
Elected Officials
Civic Clubs (Kiwanis, Elks, Junior League, etc)

Now that you have an extensive list of possible outreach resources, the next step is to start designing the outreach plan. Some basic questions can assist in devising the best plan for your agency:

1. Who is my target population?
2. What is my purpose for outreach?
3. What problems do I/staff/clients have regarding WIC services?
4. What do I want to impact or change with outreach?
5. What is the baseline condition or situation before we start outreach? How is it measured?
6. What are the outcomes of our proposed outreach? How are they measured?
7. How can I find out about any changes or new services that clients like or dislike?
8. How can we "get the word out" about WIC in the least expensive way?
9. Are there collaborators in the community that can help with efforts?

These questions will provide a better idea of how to focus your outreach efforts. Choose one area in which to target your outreach. In our next article, we will share some of the ideas used by local agencies to improve caseload levels and retain participants on WIC.

Local Agency News

Welcome to these new WIC staff:
Cowley County: Nona Grieshaber, RN, WIC Coordinator; Libby Cantu, RN
Russell County: Lisa Mravinec, clerk
Geary County: Faye Coleman, clerk
Marion County: Christine Cederberg, RN, WIC Coordinator

Farewell to these WIC staff:
Cowley County: Lana Dillon, RN, WIC Coordinator
Elk County: Barbara Kitchens, RN
Marion County: Annette Green, RN, Administrator

Seven Highly Effective Habits For Home Food Safety

Ready for Change

Patricia Dunavan, Nutrition Education Specialist

If you've ever wondered why some of your WIC participants are eager to make dietary and lifestyle changes and others aren't, you might want to look at the stages of change model.

Stages of change was first introduced in the early 1980's by psychologists James Prochaska, Ph.D., of the University of Rhode Island and Carlo DiClemente, Ph.D., of the University of Houston. This model is based upon an individual's readiness to change a health related behavior. According to the theory, individuals go through five stages on the way to changing behavior. To be effective health and nutrition educators, we must learn to tailor our messages to target each person's stage of change.

The model contains five stages:

1 The *precontemplation* stage occurs with individuals who are not yet considering a behavior change. These individuals may not be aware of the need for change or do not feel it is important to them. Nutrition education should be focused on getting the attention of these individuals and helping them to know that a change is necessary.

2 The next stage is *contemplation*. During this stage, a person starts to consider the cost and feasibility of changing a behavior in terms of time, commitment, and funds. These participants want information on the advantages and disadvantages of starting a new behavior.

3 As individuals continue to look at the possibility of change they move into the third stage, *preparation*. This is where a decision is made to take action and change. At this point, participants need information regarding step by step actions that must be taken to make the chosen change.

4 When individuals begin to modify their behavior, they're in the *action* stage, which usually takes three to six months to internalize the new behavior. Nutrition educators should support the client during the change process. Offer hints or tips to sustain the change process.

5 After successfully beginning a new behavior, they move into to the *maintenance* stage. The new behavior is continued and the benefits of the new behavior are seen. Nutrition education at this stage focuses on the long term benefits of sustaining the new behavior and continuing support for further behavior changes.

WIC nutrition educators should be mindful of where an individual currently is in the cycle of change. For example, teaching a precontemplator how to begin an exercise program wouldn't be as effective as discussing the pros and cons of a more active lifestyle. An ideal nutrition education lesson will provide some information for people in all stages of change. Review your lesson plans and counseling techniques to determine if you are reaching your intended audience at their stage of change.

Abstract of Interest

Mary K. Washburn, RD/LD, Breastfeeding Coordinator

"Breastfeeding and the Use of Human Milk" by the American Academy of Pediatrics, Work Group on Breastfeeding. *Pediatrics* (1997) 100:6, 1035-1039.

The American Academy of Pediatrics (AAP) has released a new policy statement on breastfeeding. This policy replaces the old policy statement. In the new policy, the AAP cites research indicating that breastfeeding provides health, nutritional, immunologic, developmental, psychological, social, economic and environmental advantages unmatched by other feeding options.

AAP has been a long-time advocate of breastfeeding. The new AAP recommendations further support human milk as the preferred feeding. Following is a list of some of the differences between the two policy statements:

- The AAP now recommends breastfeeding for at least 12 months of life and longer if mutually desired by mother and baby, rather than 6 to 12 months as previously indicated.
- The new policy stresses that newborns should be fed on demand in response to signs of hunger, instead of using crying as an indicator to nurse.
- The new policy encourages mothers to express human milk when direct breastfeeding is not possible.
- Rather than beginning breastfeeding within hours after birth as previously suggested, the new policy statement advocates breastfeeding during the first hour of life.
- The new policy advocates formal evaluation and documentation breastfeeding performance by a trained observer during the first 24 to 48 hours following delivery and again at a follow-up visit 48 to 72 hours after discharge.
- The new recommendation is to refrain from giving supplements such as formula or water to breastfeeding newborns unless medically indicated.
- The new policy also recommends exclusive breastfeeding for about the first 6 months after birth, after which time iron-enriched solid foods can be added to complement the breastmilk diet.

"Breastfeeding and the Use of Human Milk" is available through the AAP web page at http:\\www.aap.org.

They're everywhere. They're on your hands, on the kitchen

counter, in the air. They're the bacteria and other organisms that can cause food-borne illness IF FOOD ISN'T HANDLED PROPERLY.

Once a food leaves the grocery store, the consumer becomes an important link in the food safety chain. Safely processed foods can become unsafe if mishandled in the home. Help keep your food safe and share this informa-tion with participants by following these seven habits for home food safety, adapted from guidelines provided by the US Department of Agriculture Food Safety and Inspection Service (FSIS).

Habit 1: Hot or Cold Is How To Hold

Keep hot foods hot and cold foods cold. Avoid the "Danger Zone" between 40 and 140 degrees F. Food-borne bacteria multiply rapidly in this "zone," doubling in number in as little as 20 minutes.

Take perishable foods, such as meat, poultry and seafood products, home immediately after purchase. Place them in the refrigerator (40 degrees F or below) or freezer (0 degrees F) upon arrival. Buy a refrigerator/freezer thermometer at a variety, hardware, grocery or department store. Monitor temperatures on a regular basis.

When holding hot foods, keep them at an internal temperature of 140 degrees F or higher. At events such as buffets where food is set out for guests, serve smaller bowls of food and set out fresh food bowls as needed. For added safety, put foods on ice or over a heat source to keep them out of the temperature "Danger Zone." Replace with a plate of fresh food, rather than adding food to other food already on a plate.

Habit 2: Don't Be A Dope, Wash With Soap

Wash hands with soap and warm water for 20 seconds before and after handling food. This is especially important when handling raw meat, poultry or seafood products. Bacteria can be spread all over your kitchen just by not washing your hands properly.

Habit 3: Watch That Plate, Don't Cross-contaminate

"Cross contamination" occurs when bacteria transfer from one food to another through a shared surface. Don't let juices from raw meat, poultry or seafood come in contact with already cooked foods or foods that will be eaten raw. For example, when grilling, avoid putting cooked meat on the plate that held the raw meat. After cutting a raw chicken, clean a cutting board with hot, soapy water. Follow with hot rinse water before cutting greens for a salad. Place packages of raw meat, poultry or
fish on plates on lower shelves of refrigerators to prevent their juices from dripping on other foods.

Habit 4:

Make It A Law–Use The Fridge To Thaw

Never thaw (or marinate) meat, poultry or seafood on the kitchen counter. It is best to plan ahead for slow, safe thawing in the refrigerator. Small items may thaw overnight. Larger foods may take longer–allow approximately one day for every 5 pounds of weight.

For faster thawing, place food in a leakproof plastic bag and immerse the bag in cold water. Change the water about every 30 minutes to be sure it stays cold. After thawing, refrigerate the food until it's ready to use. Food thaws in cold water at the rate of approximately 1 pound per half hour.

If food is thawed in the microwave, cook it right away. Unlike food thawed in a refrigerator, microwave-thawed foods reach temperatures that encourage bacterial growth. Cook immediately to kill any bacteria that may have developed and to prevent further bacterial growth.

Habit 5: More Than Two Is Bad For You

Never leave perishable food at room temperature over two hours. Perishable foods include raw and cooked meat, poultry and seafood products. Once fruits and vegetables are cut, it is safest to also limit their time at room temperature. If perishable food is left at room temperature for over two hours, bacteria can grow to harmful levels and the food may no longer be safe. The two-hour limit includes preparation time as well as serving time. On a hot day with temperatures at 90 degrees F or warmer, your "safe use time" decreases to one hour.

Habit 6: Don't Get Sick, Cool It Quick

One of the most common causes of food-borne illness is improper cooling of cooked foods. Remember, bacteria are everywhere. Even after food is cooked to a safe internal temperature, bacteria can be reintroduced to food cooked to a safe internal temperature, bacteria can be reintroduced to food from many sources and then can reproduce.

Put leftovers in the refrigerator or freezer promptly after eating. As Habit 5 stresses, refrigerate perishable food within two hours. Put foods in shallow containers so they cool faster. For thicker foods, such as stews, hot pudding and layers of meat slices, limit food depth to 2 inches.

Habit 7: Cook It Right Before You Take A Bite

Always cook perishable foods thoroughly. If harmful bacteria are present, only thorough cooking will destroy them. Freezing or rinsing foods in cold water is not enough to destroy bacteria. The US Department of Agriculture recommends the following food preparation temperatures (How Temperatures Affect Food, May 1997):

- When roasting meat and poultry, use an oven temperature no lower than 325 degrees F. Cook ground meats (beef, veal, lamb and port) to an internal temperature of 160 degrees F, and ground poultry to 165 degrees F. Steaks and roast cooked to an internal temperature of 145 degrees F are medium rare, 160 degrees F are medium, and 170

degrees F are well done.

- For doneness, poultry breast meat should be cooked to an internal temperature of 170 degrees F; 180 F for whole birds. Use a meat thermometer to assure that meat and poultry have reached a safe internal temperature.

When you cut into thoroughly cooked meat, there should be no trace of pink in the juices. When poultry is pierced with a fork, the juices should be clear, not pink. If raw meat and poultry have been mishandled (left in the "Danger Zone" too long), bacteria may grow and produce heat-resistant toxins that can cause food-borne illness. WARNING: If meat and poultry are mishandled when raw, they may not be safe to eat even after proper cooking.

When In Doubt, Throw It Out!

Remember this phrase whenever you have a question about food safety and are unsure if the seven safe food habits have been followed. Many bacteria that commonly cause food-borne illness can't be seen, smelled, or tasted. A food-borne illness may develop within ½ hour to a few days; some may occur as long as two or more weeks after eating a contaminated food.

"But, I tasted it and I was OK," you may say. Be aware that different people have different tolerance levels for bacteria. The very young, older people and persons who are already ill are more susceptible to a food-borne illness. Always remember, WHEN IN DOUBT, THROW IT OUT!

From *FoodTalk E-mail Newsletter*, University of Nebraska Cooperative Extension in Lancaster County, http://ianrwww.unl.edu/ianr/lanco/family/foodtalk.htm

If You Have to Bribe Me, It Must be Bad

Patrice Thomsen, WIC Program Consultant

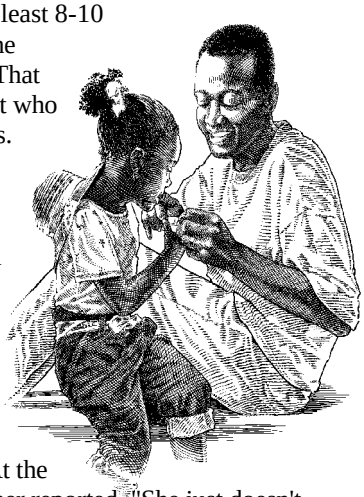
This article is based upon Susan L. Johnson's presentation and handouts titled "A Developmental Perspective on Young Children's Eating Patterns and Preferences." Dr. Johnson is with the Children's Eating Laboratory in the University of Colorado Medical Center. She has participated in projects with Leann Birch, a noted researcher in children's eating. The presentation was given at a recent child nutrition conference I attended. Some of the details may be "food for thought" to use in counseling.

Food Neophobia

We know it is normal for a toddler to reject new foods even if the child previously had been a "good" eater. If a parent is reluctant to accept your reassurance, you can point out that many researchers think this is a protective mechanism. Toddlers get much of their information about the world by putting things in their mouth. They would be in constant danger if they swallowed everything that goes in their mouth. Therefore, during this period when children become very mobile, there is also a development of a reluctance to swallow things that are not very familiar. Nature does some pretty smart things!

Unfortunately nature's protection can frustrate a parent trying to get little Johnny to try new a food. Research shows that a child can learn to "trust" and even to like a new food. The best strategy is to repeatedly offer the food. The child should be encouraged to taste and swallow the food. Introducing new foods in a paced fashion may help ease the difficulty of this period.

Dr. Johnson pointed out that the term "paced" introduction of novel foods means keep trying one new food repeatedly. Don't keep switching among different new foods. Unfortunately it may take at least 8-10 exposures to get a child to the point of liking a new food. That is not good news for a parent who may give up after 2 or 3 tries. Parents need to be encouraged to hang in there. A child is not rejecting the parent, just those carrots! A suggested schedule that includes two oppor-tunities to try the food each week seems to work well.



In a related example, a mother was encouraged to offer her daughter yogurt. At the next visit the frustrated mother reported, "She just doesn't like yogurt. I must have tried to give her every flavor the store had!" The mother did offer yogurt 8-10 times, but changing the flavors created a "new" food each time. Similarly, does disguising broccoli under a sea of cheese sauce develop acceptance for plain broccoli? Not really.

In the article, "Children's Eating: The Development of Food-Acceptance Patterns." Birch, Johnson, and Fisher pointed out that children should not be coerced, but parents and caregivers should set a clear and consistent expectation that the child will taste new foods when they are offered. This routine works best if initiated when the child first begins to try new foods, during late infancy. As the child enters the toddler period, autonomy and independence increases. By the time a child reaches the "terrible twos" eating can easily become a focal point for power struggles. Having a well-established routine for tasting new foods can minimize some of these feeding struggles.

In Self-Regulation of Energy Intake

Johnson also reviewed research related to self regulation of energy intake. There is evidence that preschoolers have the ability to self-regulate energy intake. Children were

given a calorie-containing fruit-flavored drink ½ hour before a lunch of familiar foods. Another time, the chil-dren were given a similar drink with an artificial sweetener before the lunch. In most experiments with preschoolers, children decreased their food intake after the high calorie drink in comparison to intake after the very low calorie drink. Johnson also pointed out that, in most circumstan-ces, the decrease in food eaten at the meal is often what we especially want the child to increase, such as vegetables.

How should parents handle the problem of "dinner won't be ready for a while, but my child is starving"? Johnson offered a practical suggestion. If a child needs a snack in the ½ hour before a meal, give something you would have fed at the meal anyway. She also stressed the importance of offering nutritious snacks at times spaced between meals.

Social Cues

What parent has never said something like "You can have a cookie after dinner if you eat your peas"? Leann Birch's research has demonstrated this strategy to be counterproductive. This type of bribe makes the preference for the cookie increase. Not only does the child not learn to like peas, their preference for peas actually decreased. This idea is called "discounting theory". On the other hand, pairing positive attention with introduction of a new food has been shown to increase preference.

While it is important that parents and caregivers model good eating habits, other children can also influence each other in food preferences. Certainly other children quickly pick up the attitude of even one child who is vocal about a food dislike. Parents and caregivers can try to use this to their advantage. Studies have shown that if a child who rejects a food is seated next to a friend that likes the food, the child may change his mind and taste the food.

In Summary

It is a difficult balancing act to encourage good eating habits, yet avoid pressure and making food an issue. As Johnson concluded, "We believe that the optimal environment for helping children to establish healthy eating patterns is one in which caregivers take responsibility for providing a healthy variety of foods and children are given the freedom to eat what they wish."

For Further Reading

Birch, L. L., Johnson, S.L. & Fisher, J.A. (1995). Children's eating: The development of food-acceptance patterns. *Young Children*, 50, 71-78.

Satter, E. (1986). *Child of Mine: Feeding with Love and Good Sense*. Exp Ed. Palo Alto, CA: Bull.

Satter. E. (1987). *How to Get Your Kid to Eat-But Not Too Much.* Palo Alto, CA: Bull.

Train the Trainer

Workshops–Good for You!

The Kansas LEAN Preschool Task Force has developed a curriculum titled Good For You! Nutrition Curriculum for Those Who Care About Children. The curriculum targets child care providers and includes four lessons which emphasize:

* how to use the Food Guide Pyramid in child care menus;
* how to plan child-friendly menus;
* how to present positive food concepts to children; and
* how to cook with children

Workshops are being offered this spring for persons who want to offer nutrition training for child care providers in their communities. These workshops will provide trainers with information on how to assist and work with child care providers to increase their skills and their knowledge of early childhood nutrition.

During the workshop, participants will receive an overview of the four lessons and a copy of the Trainer's Manual, which includes text, outlines, and suggested nutrition and fitness activities. Participants will also receive a copy of the Provider's Manual, which includes all handouts.

A workshop is planned on April 21 in the southwest Kansas area. We hope to schedule at least one other workshop in eastern Kansas. If you are interested in attending the workshop and/or want more information on the curriculum, contact Barbara Roths, RD/LD, at the Kansas LEAN office (316) 337-6050.

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Change in the Dimensions of the Nipple During Suck (1)			
	*Mean±SEM % Change**		
Nipple	*Axial Length*	*Axial Compression*	*Coronal Compression*
Ross	*131±8†*	*93±2†*	*67± 4‡*